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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

| Application Number | 10/809,196 | | | | |
|------------------------|------------------|--|--|--|--|
| Filing Date | March 25, 2004 | | | | |
| First Named Inventor | NOGUCHI, Shuichi | | | | |
| Group Art Unit | 3711 | | | | |
| Examiner Name | HUNTER, Alvin A. | | | | |
| Attorney Docket Number | MIZ73 | | | | |

| | | ENCLOSURES | (check all the | at apply) | _ | |
|--|--|--|--|-----------|--|--|
| Amendmen Afte Affic Extension Express Al | nittal Form Attached nt/Reply r Final davits/declaration(s) of Time Request pandonment Request n Disclosure Statement | Petition Petition to C Provisional Power of At Change of C Terminal Di Request for CD, Numbe | Application torney, Revoca Correspondence isclaimer Refund | Address | After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): Certified copies of Japanese Patent App Nos. 2003-087874 and 2004-080632; Translations of Japanese patent applications; Statement verifying accuracy of translations; Check No. 372536 - \$120.00; Return Postcard | |
| Document(Response t Incomplete | copy of Priority (s) o Missing Parts/ e Application conse to Missing s under 37 CFR 1.52 or | Remarks: | | | | |
| | SIGNATI | URE OF APPLICA | ANT, ATTOR | RNEY, OF | RAGENT | |
| Firm or Individual name | Troutman Sanders, James A. Proffitt, R | | 9.1/4 | · | | |
| Signature | Jan | eg A.11 | roffeld | | | |
| Date | November 23, 2005 | 5 | 17 | | · · · · · · · · · · · · · · · · · · · | |
| CERTIFICATE OF TRANSMISSION/MAILING | | | | | | |
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| Typed or printed | d name James A. P | roffitt | | Date | November 23, 2005 | |

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James A. Proffitt

404.885.3538

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TS REF. NO. MIZ73

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PTO/SB/17 (12-04)

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| | Cor | mplete if Known | |
|---|----------------------|------------------|--|
| Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | Application Number | 10/809,196 | |
| FEE TRANSMITTAL | Filing Date | March 25, 2004 | |
| | First Named Inventor | NOGUCHI, Shuichi | |
| FOR FY 2005 | Examiner | HUNTER, Alvin A. | |
| Applicant claims small entity status. See 37 CFR 1.27 | Art Unit | 3711 | |
| TOTAL AMOUNT OF PAYMENT (\$) 120.00 | Attorney Docket No. | MIZ73 | |

| MET | HOD OF PAYMENT (chec | k all that appl | y) | | | | | | | | |
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| \boxtimes | Check Credit | Card | Money O | rder [| None | Other | (please i | dentify): | | | |
| | Deposit Account Deposit Account number: 20-1507 Deposit Account Name: Troutman Sanders LLP | | | | | | | | | | |
| | For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | | | | |
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| info | mation and authorization | | | | | | | | | | |
| FEI | E CALCULATION | | | | | | | | | | |
| 1. | BASIC FILING, SE | ARCH, A | ND EXAMIN | IATION F | FEES | | | | | | |
| | | FILING F | EES | | H FEES | | NATION FE | | | | |
| | A 17 47 | | mall Entity | _ | mall Entity | - | mall Entity | <u>(</u> | F F | _:d (6 \ | |
| | Application Type | <u>Fee (\$)</u> 300 | <u>Fee (\$)</u> 150 | <u>Fee (\$)</u> 500 | <u>Fee (\$)</u> 250 | <u>Fee (\$)</u> 200 | <u>Fee (\$)</u> 100 | | <u>Fees F</u> | <u> aid (\$)</u> | |
| | Utility Design | 200 | 100 | 100 | 50 50 | 130 | 65 | | | | |
| | Plant | 200 | 100 | 300 | 150 | 160 | 80 | | | | |
| | Reissue | 300 | 150 | 500 | 250 | 600 | 300 | | | | |
| | Provisional | 200 | 100 | 0 | 0 | 0 | 0 | | | | |
| 2. | EXCESS CLAIM F | EES | | | | | | | 9 | Small Entit | у • |
| Fee | Description | | | | | | | | Fee (\$) | Fee (\$) | • |
| Eac | h claim over 20 or, for F | Reissues, ea | ch claim over | 20 and mo | re than in the o | riginal pate | ent | | 50 | 25 | 1 |
| Eac | h independent claim ov | er 3 or, for l | Reissues, each | independe | ent claim more | than in the | original pa | atent | 200 | 100 | |
| Mul | tiple dependent claims | | | - | | | | | 360 | 180 | |
| Tota | l Claims Ext | ra Claims | Fee (\$) | Fee Paic | i (\$) | Mu | ltiple Depe | ndent Claims | | | |
| | - 20 or HP = | × | = | | | Fee (\$) | <u>Fee</u> | Paid (\$) | | | |
| HP | = highest number of to | otal claims p | aid for, if great | ter than 20 | | | | | | | |
| Inde | | ra Claims | Fee (\$) | Fee Paic | <u>1 (\$)</u> | | | | | | |
| | 3 or HP = | | | | <u> </u> | | | | | | |
| HP | = highest number of to | otal claims p | aid for, if great | ter than 20 | | | | | | | |
| 3. | APPLICATION SIZ | ZE FEE | | | | | | | | | |
| Ψ. | e specification and drawing | | IND sheets of na | ner the an | nlication size fe | e due is \$25 | 50 (\$125 for | small entity) | | | |
| | for each additional 50 sh | | | | | | | oman omny, | | | |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee paid (\$) | | | | | | | | | | | |
| | - 100 = | / 50 : | = | (round u | p to a whole num | ber) x _ | = | | | | |
| 4. | OTHER FEE(S) | | | | | | | Fees Paid (\$) | ! | | |
| | Non-English Specification | | - | - | | | | | - | | |
| 1 | Other: One-Month Extension of Time \$120.00 | | | | | | | | | | |
| | | | | <u>-</u> | | | | | | | |

| SUBMITTED BY | | / | | | | | |
|-------------------|--------------|-------------------|-----|-----|---|-----------|-------------------|
| Signature | | anna A. | hal | let | Registration No. 54,837 (Attorney/Agent) | Telephone | 404-885-3538 |
| Name (Print/Type) | $\mathcal I$ | James A. Proffitt | | | | Date | November 23, 2005 |

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